



**THE MAIN AIM OF THE STUDY WAS TO ASSESS THE
EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME (STP) ON
KNOWLEDGE REGARDING MENSTRUAL HYGIENE AMONG ADOLESCENT
GIRLS AT SELECTED SCHOOLS OF JAIPUR CITY.**

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ABSTRACT

The term "adolescents" refers to people between the ages of 10 and 19. Adolescents go through three distinct development phases: early adolescence (10–13 years), middle adolescence (14–16 years), and late adolescence (17-19). There seem to be 105 million teenage females in India, according to estimates. Menstruation is a phenomenon that only affects women. Menstruation and menstruation hygiene habits continue to be tainted by social and cultural taboos, which may have a negative impact on one's health. The study's primary objective was to assess the impact of a structured teaching program (STP) on teenage girls' understanding of menstrual hygiene in a sample of Jaipur municipal schools. Methodology The study used a quantitative research strategy as its research methodology. Pre-experimental, one-group, pre-test, post-test study design was used. The Bright Future Ssce School, located in D-Block Karnataka Nagar, Gautam Marg, Najaf Road, Jaipur Raj, was the site of the research. Purposive sampling was the method that was employed to choose the participants. The sample included 200 teenage females. Result: The mean pre-test score was 10.5 overall, whereas the mean post-test score was 14.56, with a mean difference of 4.06. The median pre-test score was 10, while the median post-test score was 14, with the pre-standard test's deviation being 1.51 and the post-standard test's deviation being 3.35. On 199 degrees of freedom, the estimated value of t is 20.66 there at 0.05 level of significance, whereas the tabulated value of t is 1.96. It implies that the organized education program on menstrual hygiene is successful in enhancing the understanding of teenage females. Conclusion: The results of the study demonstrated that the researcher's organized training program was successful in improving teenage girls' awareness of menstrual hygiene.

KEY WORDS: Effectiveness, Structured Teaching Programme, , Knowledge ,Menstrual Hygiene , Adolescent Girls

INTRODUCTION

The term "adolescents" refers to people between the ages of 10 and 19. Adolescents go through three distinct development phases: early adolescence (10–13 years), middle adolescence (14–16 years), and late adolescence (17-19). There seem to be 105 million teenage females in India, according to estimates. Menstruation is a phenomena that only affects women. Menstruation and menstruation hygiene habits continue to be tainted by social and cultural taboos, which may have

a negative impact on one's health.¹ Menstruation is a normal phenomenon, yet there are a lot of myths and behaviors associated with it. Adolescent females should also dispel any misunderstandings they may have about menstruation. The probability of infections such reproductive tract infections may be decreased by using good menstrual hygiene habits.² A time of fast physical change and psychological development is puberty. When a female starts having periods, she has reached puberty (menarche). Girls' puberty is the time when they reach sexual maturity.³ It is said to be a special stage in human development. Menarche is a significant turning point in a girl's development as an adolescent. Teenager is a common term to describe adolescence nowadays. It is the span of time that lasts from the ages of 10 or 12 to 18.⁴ Greek word "men month" is where the term "menstruation" comes from. It is also the monthly vag bleeding caused by the uterine endometrium and occurs every 28 days or so. In women, it happens throughout the reproductive cycle, with the exception of pregnancy and sometimes nursing.⁵ Talking about menstruation may be uncomfortable, particularly with teenage girls who seem to experience embarrassment more often than any other human being. But some females exhibit negative emotions including shame, dread, worry, and despair. One of the most significant changes that females experience throughout adolescence is the beginning of menstruation.⁶ Premenstrual syndromes, dysmenorrhea, and irregular uterine bleeding are among the menstrual abnormalities that may be seen throughout the post-menarcheal years. Adolescent girls often consult their doctors for these conditions.⁷

NEED OF THE STUDY

Girls going through the teenage phase experience quick psychologically and physically changes. Girls grow breasts, hair beneath their arms and in their intimate areas, greasy skin, and body odor during this time. The majority of females reach menarche at this point of adolescence. The menarche, which occurs frequently each month, is a girl's first period.⁸ Women have utilized materials like grass, rags, cotton pads, and some other absorbents to capture the blood to cope with menstruation throughout history. Between about 1700 and 1900, cleaning or changing underwear was seen as harmful. German physicians started recommending menstruation gadgets for women in the 1880s–1890s in an effort to enhance their health. Before the invention of commercially produced disposable pads, ordinary women were supplied for years by pieces of fabric (known as Granny Rags) fashioned from used sheets, pillowcases, or other leftover materials.⁹ In the underdeveloped world, females are unable to attend school due to a lack of suitable and sufficient sanitary facilities, especially during their periods. 60% of the 130 million youngsters who are not in school right now are females. There is unambiguous proof that better cleanliness increases the number of girls who attend school.¹⁰ The Indian government started the Total Sanitary Campaign, a broad national initiative to provide rural communities with sanitation services. Despite a significant rise in access to sanitation, the goal of attaining total sanitation remains unmet if women's sanitation requirements, particularly those connected to menstruation hygiene, are not attended to.¹¹ A scarcity of recent data exists about teenage girls' awareness of period health and problem-solving techniques. The goal of this research is to evaluate teenage girls' understanding about menstruation hygiene at a particular Jaipur school. There haven't been many

research done on teenage girls' awareness of menstrual hygiene up to this point. The researcher considered that the current study was necessary since it may shed some light on the area of study's understanding of period and menstrual hygiene.

AIM OF THE STUDY

The main aim of the study was to assess the effectiveness of structured teaching programme (STP) on knowledge regarding menstrual hygiene among adolescent girls at selected schools of Jaipur city.

MATERIAL AND METHODS

Given the nature of the issue chosen for research and the goal to be achieved The use of quantitative research methods was examined. It is advisable to employ a pre experimental one group pre test post test study design for examining the efficacy of organized instruction programs among teenage females. The Bright Future Senior Secondary School, D-Block Nirman Nagar, Gautam Marg, Ajmer Road, Jaipur Raj, served as the study's location. A total of 200 teenage females made up the sample for this investigation. Adolescent females enrolled in Bright Future Senior Secondary School, D-Block Nirman Nagar, Gautam Marg, Ajmer Road, Jaipur Raj, are the study's target group. Purposive sampling was the sample method used. Structured knowledge and practice surveys make up the created instruments. The study's instruments are divided into two parts. Section I: This is the first section, and it asks questions on the adolescent's background in terms of age, religion, education, mother's educational attainment, parent employment, yearly family income, and prior awareness of menstrual hygiene. Section II: This section, which is the second of a structured knowledge test, has 20 questions on the uterus' anatomy and physiology, menstruation, and menstrual hygiene. 11 specialists in the fields of obstetric and gynecological nursing and biostatistics were provided the instrument to evaluate the content validity. The experts were engaged to examine and confirm the items for sufficiency, clarity, and applicability of the instrument, and they were asked for their views and ideas. The questionnaire split-half approach was used to verify its dependability. Pearsons, Karl The "r" value for the product correlation coefficient was 0.89. The tool was determined to be dependable, workable, and legitimate. The pilot research was completed, and it was determined that the full study would be possible. Using descriptive and inferential statistics, the data was examined in light of the study's goal. The strategy for data analysis was created under the good supervision of leading figures in the fields of statistics and nursing.

RESULTS

Section 1 Demographic Variables

Majority of the respondent were from age of 14 – 15 years 40%, Most of samples were Hindu 80%, 45% from class 7th to 8th, 40% mothers education was upto secondary, 55% parent's occupation was private, The annually family income of most of sample 40% was between 50000 – 150000, 60% had no previous information regarding menstrual hygiene management.

Part II: Comparison of Pre Test and Post Test Level of Knowledge Regarding Menstrual Hygiene

Table – 1: Comparison of Pre Test And Post Test Level Knowledge

S. No.	Level Of Knowledge	Pre Test		Post Test	
		F	%	F	%
1.	Poor (< 50%)	15	7.5%	00	00%
2.	Average (50 to 65%)	115	57.5%	15	7.5%
3.	Good (>65%)	70	35%	185	92.5%

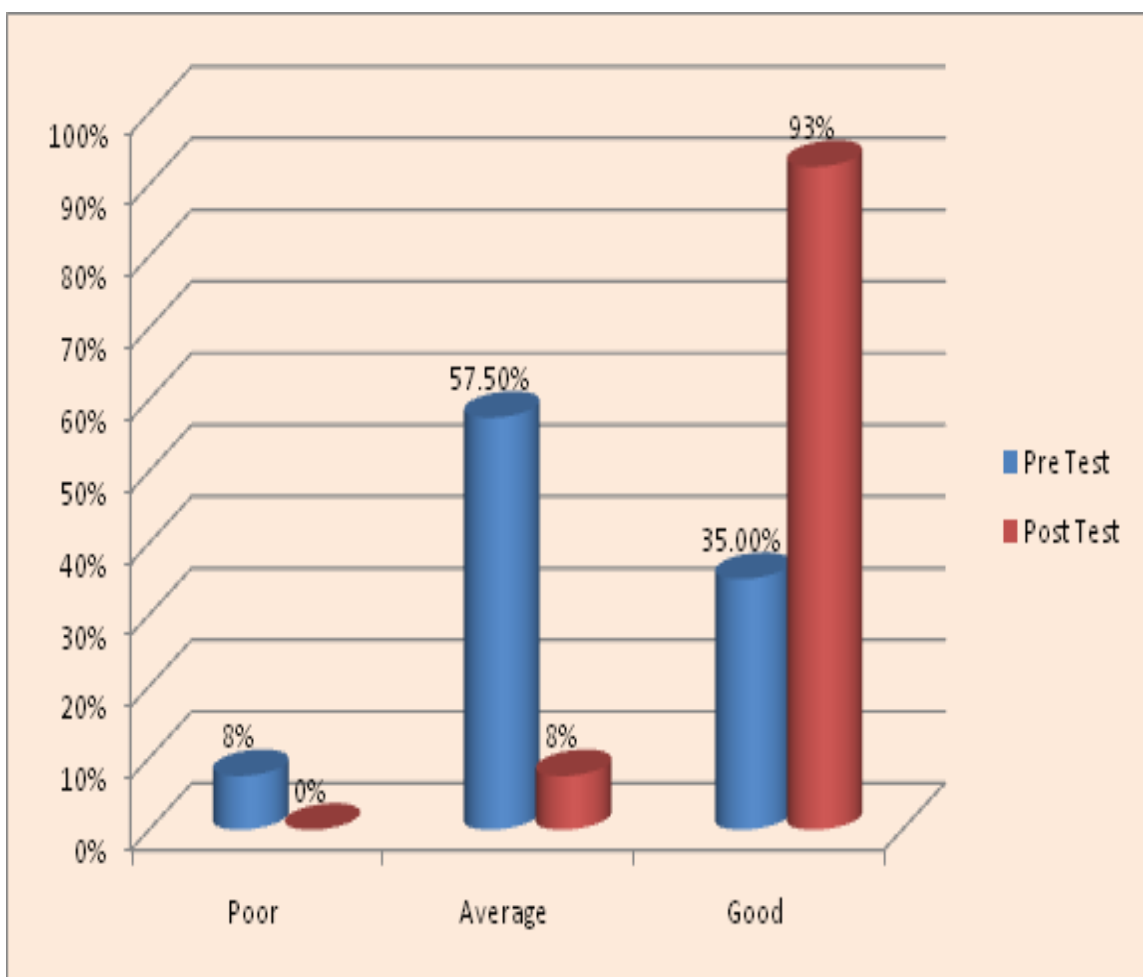


Fig. 1: Cylindrical diagram showing pre test and post test level of knowledge of adolescents girls

The table no. 1 and figure no. 1 showed the comparison of pre test and post test level of knowledge regarding menstrual hygiene. With regard to scores, during pre test 15 (7.5%) adolescents girls had poor knowledge, 115 (57.5%) adolescents girls had average knowledge and 70 (35%) adolescents girls had good knowledge regarding menstrual hygiene while during posttest 00 (00%) adolescents girls had poor knowledge, 15 (7.5%) adolescents girls had average knowledge and 185 (92.5%) adolescents girls had good knowledge regarding menstrual hygiene. Part III: Effectiveness of Structured Teaching Programme Regarding Menstrual Hygiene Area Wise Pre Test Knowledge Score of Adolescents Girls Data shows the summary of statistical outcomes of pretest knowledge scores of adolescent's girls regarding menstrual hygiene. The structured knowledge questionnaire consists of three parts. The mean, median and standard deviation of first part that was related to anatomy and physiology of uterus, were 2.85, 2 and 0.92 respectively. Regarding menstrual cycle, mean, median and standard deviation were 2.85, 3 and 0.72 respectively. The part III that was related to menstrual hygiene mean, median and standard deviation were 5.4, 5 and 1.34 respectively. Area Wise Post Test Knowledge Score Of Adolescents Girls Data shows the summary of statistical outcomes of post test knowledge scores of adolescents girls regarding menstrual hygiene. The structured knowledge questionnaire consists of three parts. The mean, median and standard deviation of first part that was related to anatomy and physiology of uterus, were 2.38, 2 and 0.96 respectively. Regarding menstrual cycle, mean, median and standard deviation were 4.76, 5 and 1.27 respectively. The part III that was related to menstrual hygiene mean, median and standard deviation were 7.42, 9 and 2.72 respectively. Evaluate the effectiveness of structured teaching programme by comparing pre test and post test knowledge score of adolescents girls regarding menstrual hygiene.

Table – 11: Mean, Median, SD, mean difference and t test Value

S. NO.	ASPECT OF KNOWLEDGE	PRE TEST			POST TEST			MEAN DIFFERENCE	t VALUE
		Mean	Median	SD	Mean	Median	SD		
1.	Questions related to anatomy and physiology of uterus	2.25	2	0.92	2.38	2	0.96	0.13	08.13
2.	Questions related to menstrual cycle	2.85	3	0.72	4.76	5	1.27	1.91	09.03
3.	Questions related to menstrual hygiene	5.4	5	1.34	7.42	9	2.72	2.02	12.03
Total		10.5	10	1.51	14.56	14	3.35	4.06	20.66

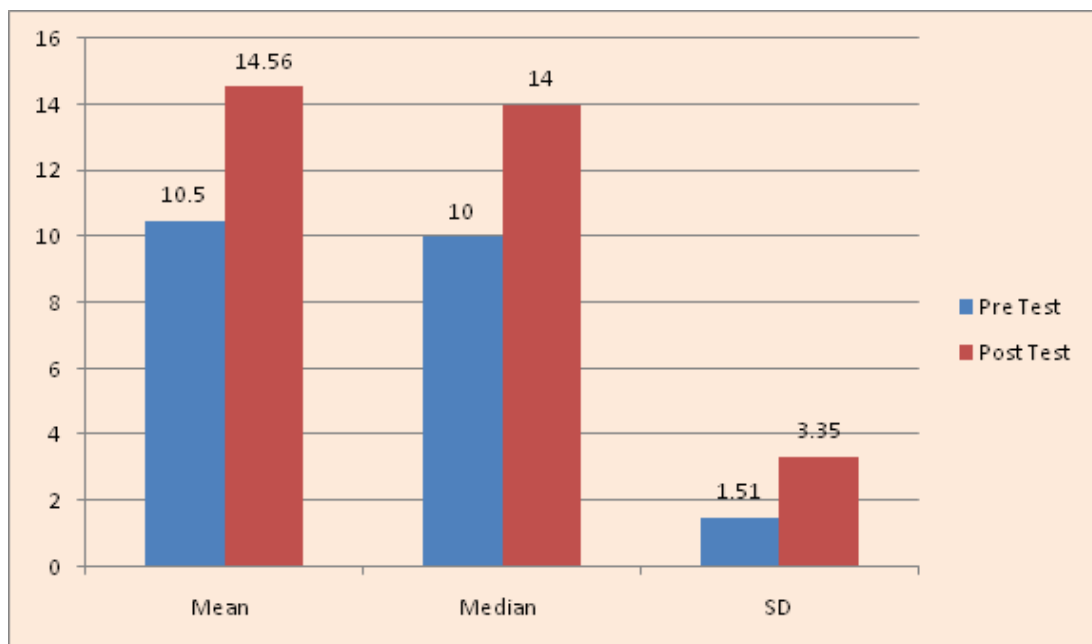


Fig. 2: Column Diagram Showing Mean Median And SD Of The Pre Test And Post Test Score Of adolescents girls.

The overall mean of pre test score is 10.5 whereas the mean of post test score is 14.56 with 4.06 mean differences. The median of pre test score is 10 and the median of post test score is 14 and the standard deviation of pre test was 1.51 whereas in post test the standard deviation was 3.35. The calculated value of 't' is 20.66 at the 0.05 level of significance and the tabulated value of 't' is 1.96 at the 0.05 level of significance on 199 degree of freedom. The calculated value is higher than the tabulated value so we can say that the structured teaching programme regarding menstrual hygiene can enhance the knowledge of adolescents girls. It means that the structured teaching programme regarding menstrual hygiene is effective to improve the knowledge of adolescent's girls.

Part IV: Association between Knowledge Levels of Adolescent Girls With Demographic Variables

The calculated χ^2 (12.82, $p > 0.05$) of age was more than the table value (12.59), which indicates that there was significance association between the knowledge level and age group of adolescent girls at 0.05 level of significance. The calculated χ^2 (2.87, $p > 0.05$) of religion was less than the table value (12.59), which indicates that there was no significance association between the knowledge level and religion of adolescent girls at 0.05 level of significance. The calculated χ^2 (14.80, $p > 0.05$) of education was more than the table value (12.59), which indicates that there was significance association between the knowledge level and education of adolescent girls at 0.05 level of significance. The calculated χ^2 (13.29, $p > 0.05$) of mothers education was more than the table value (12.59), which indicates that there was significance association between the knowledge level and mothers education qualification of adolescent girls at 0.05 level of significance. he calculated χ^2 (13.60, $p > 0.05$) of parent occupation was more than the table value (12.59), which indicates that there was significance association

between the knowledge level and parent occupation of adolescent girls at 0.05 level of significance. The calculated χ^2 (11.69, $p > 0.05$) of family income was less than the table value (12.59), which indicates that there was no significance association between the knowledge level and family income annually of adolescent girls at 0.05 level of significance. The calculated χ^2 (2.47, $p > 0.05$) of previous knowledge was less than the table value (5.99), which indicates that there was no significance association between the knowledge level and previous knowledge of adolescent girls at 0.05 level of significance.

DISCUSSION

The goal of the research was to evaluate the impact of a structured education program on teenage girls' understanding of menstrual hygiene in a few Jaipur area schools. Given the nature of the issue chosen for research and the goal to be achieved The use of quantitative research methods was examined. It is advisable to employ a pre experimental one group pre test post test study design for examining the efficacy of organized instruction programs among teenage females. The Bright Future Senior Secondary School, D-Block Nirman Nagar, Gautam Marg, Ajmer Road, Jaipur Raj, served as the study's location. A total of 200 teenage females made up the sample for this investigation. Adolescent females enrolled in Bright Future Senior Secondary School, D-Block Nirman Nagar, Gautam Marg, Ajmer Road, Jaipur Raj, are the study's target group. Purposive sampling was the sample method used. The current study's findings indicated a mean pre-test score of 10.5 and a mean post-test score of 14.56, with a mean difference of 4.06 points. The standard deviation of the prior test was 1.51, but the standard deviation of the post test was 3.35. The median pre test score was 10 and the median post test score was 14. On 199 degrees of freedom, the estimated value of t is 20.66 at the 0.05 level of significance, whereas the tabulated value of t is 1.96. Since the computed value is greater than the tabular value, we may conclude that systematic training about menstrual hygiene can improve teenage girls' understanding. This indicates that the organized education program on menstrual hygiene is successful in enhancing the understanding of teenage females. The amount of knowledge and faith did not significantly correlate, Annual family income, significance tested at the 0.05 level for teenage girls' prior knowledge. Except for displaying a significant correlation between education level and parent profession, age, education, and mother's educational background do not.

CONCLUSION

Menstruation is one of the many bodily changes, sexual transitions, and psychological challenges that adolescent girls experience as they grow and mature. Menstruation is still shrouded in taboos and socio-cultural constraints, which causes people to be unaware of the latest research and sanitary health precautions. Menstrual hygiene education has been found to be beneficial in improving health by creating excellent knowledge, attitude, and practice among teenage girls since reaction to menstruation relies on awareness and information about concerns. For the sake of their health and to stave off disease, schoolgirls must practice good menstrual hygiene. With the usage of cloth, ashes, and husk sand during menstruation, inadequate menstrual hygiene management contributes to serious reproductive health issues. The results of the study showed that the researcher's organized training program was successful in improving teenage girls' awareness of

menstrual hygiene. At the 0.05 level of significance, there was no correlation between the knowledge level and religion, family income yearly, or prior knowledge of teenage females. Except for displaying a significant correlation between education level and parent profession, age, education, and mother's educational background do not.

Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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REFERENCES

1. Adolescent in India ; A profile : December 2003; UNFPA for UN System in India; pp 7-19
2. Adolescent girls in India, Choose a Better Future: An Impact Assessment. The center for Development and population activities (CEDPA); September 2001.pp 6.
3. Adele Pillitteri, Maternal and child health nursing; 4th edition, 2003, Page No. 905.
4. George, Minimol; preparing girls for menarche, Nursing Journal of India, March 2003
5. C.S. Dawn; Textbook of Gynaecology and contraception, 9th edition, 1987, Page No. 100.
6. Dr.Prakash Adhikari. Et al "Knowledge and practice regarding menstrual hygiene in rural adolescent girls of Nepal" Kathmandu University of medical Journal (2007), vol 5, No.3, Issue 19, 382-386.
7. Deligeorglou E, Creatsas G. et al "menstrual disorders during adolescence" Division of paediatric adolescent Gynecology and Reconstructive surgery. "Aretaieion" Hospital. Medical school, University of Athense Grece-2006-Jan.
8. B.T.Basavanthappa.Pediatric/Child Health Nursing.1st edition;2005:425.
9. Sowmyaa Bharadwaj,Archana Patkar.Menstrual Hygiene And Management In Developing Countries 2004,November:6-10.
10. Jacob Annamma.A Comprehensive text book of Midwifery.2nd edition: 60-64.
11. Lizette Burgers.Booklet On Menstrual Hygiene Management; 2009, September: 17-41.